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P. 1

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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## FACSIMILE COVER SHEET

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Deliver to: Eleni A. Shiferaw, USPTO  
Facsimile No.: 703-872-9306  
From: William W. Schaal, Reg. No. 39,018

Art Group: 2136  
Date: July 14, 2005

Our Docket No.: 42390P1.1770 Number of pages 15 including this sheet.  
Application No.: 09/896,088 Filing Date: 6/28/2001

Docket Due Date(s): \_\_\_\_\_

Enclosed are the following documents:

- Amendment: After Final ( 11 pgs )
- Appeal Brief (        pgs )
- Application:        (        pgs ) w/cover & abstract
- Assignment & Cover Sheet (        pgs )
- Certificate of Facsimile
- Continued Prosecution Application (CPA)
- Declaration & POA (        pgs )
- Drawings:        sheets,        figures
- Extension of Time:
- Fee Transmittal (In duplicate)
- IDS & PTO/SB/08 (        pgs )
- Other

- Issue Fee Transmittal
- Notice of Appeal
- Petition for: \_\_\_\_\_
- Request for Continued Examination (RCE)
- Reply Brief ( \_\_\_\_pgs)
- Request & Certification Under 35 USC 122(b)(2)(B)(i)
- Request to Rescind Previous Nonpublication Request
- Response to Notice of Missing Parts & Formalities Letter
- Response to Written Opinion ( \_\_\_\_pgs)
- Terminal Disclaimer
- Transmittal of Publication Fee Due
- Transmittal Letter

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*Susan McFarlane* 7/14/2005  
Susan McFarlane Date

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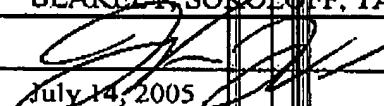
TO: USPTO

P.2

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/896,088
		Filing Date	June 28, 2001
		First Named Inventor	Carl M. Ellison
		Art Unit	2136
		Examiner Name	Eleni A. Shiferaw
Total Number of Pages in This Submission	4	Attorney Docket Number	42390P11770

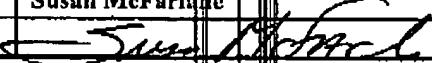
<b>ENCLOSURES</b> <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	William W. Schad, Reg. No. 39,018 <b>BLAKELY, SOSLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	July 14, 2005

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Signature	
Date	July 14, 2005

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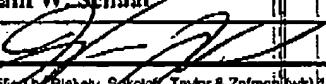
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Patent fees are subject to annual revision.																																																																																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number <b>09/896,088</b> Filing Date <b>June 28, 2001</b> First Named Inventor <b>Carl M. Ellison</b> Examiner Name <b>Eleni A. Shiferaw</b> Art Unit <b>2136</b> Attorney Docket No. <b>42390P11770</b>																																																																																																																					
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.																																																																																																																							
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<b>1. EXTRA CLAIM FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 15%; text-align: right;"><b>33</b></td> <td style="width: 15%; text-align: right;"><b>33*</b></td> <td style="width: 15%; text-align: right;"><b>0</b></td> <td style="width: 15%; text-align: right;"><b>0</b></td> <td style="width: 15%; text-align: right;"><b>50.00</b></td> <td style="width: 15%; text-align: right;"><b>\$0.00</b></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: right;"><b>5</b></td> <td style="text-align: right;"><b>5*</b></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>200.00</b></td> <td style="text-align: right;"><b>\$0.00</b></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Large Entity</td> <td style="text-align: right;">Small Entity</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>380</td> <td>2203</td> <td>180</td> <td colspan="3">Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>SUBTOTAL (1)</b> <b>(\$)</b> <b>0.00</b></td> <td colspan="3" style="text-align: right;">*For number previously paid, if greater. For Reissues, see below</td> </tr> </table>				Total Claims	<b>33</b>	<b>33*</b>	<b>0</b>	<b>0</b>	<b>50.00</b>	<b>\$0.00</b>	Independent Claims	<b>5</b>	<b>5*</b>	<b>0</b>	<b>0</b>	<b>200.00</b>	<b>\$0.00</b>	Multiple Dependent							Large Entity	Small Entity						Fee Code	Fee (\$)	Fee Code	Fee (\$)				1202	50	2202	25	Claims in excess of 20			1201	200	2201	100	Independent claims in excess of 3			1203	380	2203	180	Multiple Dependent claim, if not paid			1204	300	2204	150	**Reissue independent claims over original patent			1205	300	2205	150	**Reissue claims in excess of 20 and over original patent			<b>SUBTOTAL (1)</b> <b>(\$)</b> <b>0.00</b>				*For number previously paid, if greater. For Reissues, see below																																									
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<b>SUBMITTED BY</b>				Complete (if applicable)																																																																																																																			
Name (Print/Type)	<b>William W. School</b>		Registration No. (Attorney/Agent)	<b>39,018</b>	Telephone	<b>(714) 557-3800</b>																																																																																																																	
Signature					Date	<b>07/14/05</b>																																																																																																																	

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Appl. No. 09/896,088  
Amndt. Dated 07/14/2005  
Reply to Office Action of 05/16/2005

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## RESPONSE UNDER 37 CFR § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2136

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.	:	09/896,088	Confirmation No. 9497
Applicant	:	Carl M. Ellison	
Filed	:	06/28/2001	
TC/A.U.	:	2136	
Examiner	:	Eleni A. Shifcraw	
Docket No.	:	042390.P11770	
Customer No.	:	8791	

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

### AMENDMENT UNDER 37 CFR § 1.116

Sir:

In response to the Office action of 5/16/2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

Docket No: 042390.P11770

Page 1 of 11

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